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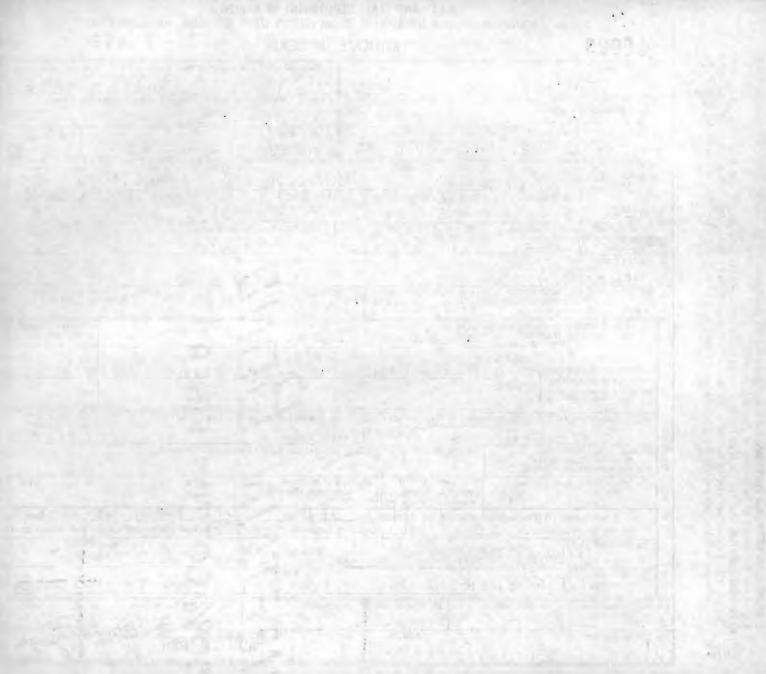
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, crematian, or remaval, and it any event, within 72 hours after death.	10929 CERTIFICATE OF DEATH	
es l'and 2 d'er death	PLACE OF DEATH a. COUNTY CHARLES MARYLAND PRINCE GE ARYLAND PRINCE GE	GREES
00	RIVERDALIS	12
iny event, within 72 hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) HYSICIANS MEMORIAL HOSPITAL 6815 E RIVERDALE RD	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print) Tames T Burroughs 4. DATE OF DEATH August	8 1967
		EAR IF UNDER 24 HRS. Days Hours Min.
	D. USUAL OCCUPATION (Give kind of work done industry) JOB. KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, ar foreign country) NOTE: INDUSTRY WASH, TERMINA 14. MOTHER'S MAIDEN NAME	EN OF WHAT
ian, or remaval, and ir	UNKNOWN	
buriol, crematian, or remaval, and in	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. LOYD A. CARLE, J.T. SAME SAME	= AS#2
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL TOFARCTION	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate course (a), (b) ARTERIO SCIERATIC CARDIOVAS CULAR DISENTING	E Years
	Isoting the underlying couse DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) VENTRICULAR TACHYCARDIA	19. WAS AUTOPSY PERFORMED? YES NO
Ž.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	113 110 10
	20c. TIME OF INJURY Manth, Day, Yeor Haur o.m. 20d. INJURY OCCURRED While of work at wark of the other at wark at wark of the other of th	(Stote)
	21. I certify that (I) (this hospital) attended the deceased from 20 Jul, 19 67, to 6449, 1967 saw the deceased olive on 8 444 1967, and that death occurred at 7 28 M, from causes and on the	I, that (I) (we) last date stated above.
	220. SIGNATURE (BBarry May) M.D. ATTENDING MED. STAFF 22b. DATI	
1	22c. PHYSICIAN'S 22d. ADDRESS	10 20646
	2 REMOVAL (Specify) Q-11-1967 PORKULLE CEMETERY PORKULLE MIN	aunty) (State)
	1. FUNERAL DIRECTOR ADDRESS	NATURE Judge.



Tallet Many Special .

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10931
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Charles 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY MARYLAND MARYLAND MARYLAND Charles
is necessary, of the funeral e. 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryantown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryantown d. STREET ADDRESS e. IS RESIDENCE
hd 3 to the Page State Dispurs af	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? YES \(\sum \) NOW.
PM3. F	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) Leonard Jerome Clements Jr. DEATH Aug 9 10, 1967
ith. If a form P form P within	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 PEAR IFUNDER
Give Pag Give Pag g with 1 and y event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 11. BirthPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
ours afte n 18. Gi e along pages 1 in any	13. FATHER'S NAME
in 24 ho I in Item is Office it. File ial, and	Leonard Jerome Clements 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO Address Leonard J. Clements, Bryantown, Md.
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral secure the certificate, writing the word "medical Examiner's Office along with form PM3. Page 5 may be or your files. L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO
ficate shoul the word the Chief the Chief used as a to burial,	Underlying cause last.) (c) CALL CALL CALL CALL CALL CALL CALL CAL
is certific writing 1 arded to build be u	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 10. WAS AUTOSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
NER: This c ficate, wri se forward ge 3 should ed agent, p	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work at work at work at work at work at work.
redical examines cute the certificate the certificate the certificate that the certificate th	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from:
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER A 8/11/1967
DEPUT Base Cator Cained UNE Healt	Plata
Daga 5	Burial Aug. 12, 1967 St. Mary's Cemetery Bryantown, Charles Co, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTR
VR A15ME 3500 4-64	Arehart Funeral Home Inc., La Plata, Md. DATE AUG 15 1967 fcusies group

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		DIVISION				ARTMENT OF HEA N STREET, BALTIMO		1201	
1 1	0938	Item #/	MEDI	CAL EXAM	INER'S	CERTIFICATE O	F DEATH		0932
1. PLACE o. COI	OF DEATH UNTY Charle	S		MA	IRYLAND	2. USUAL RESIDENCE (V o. STATE Maryla			
Wri	LaPlat	outside corporate limit give nearest town) a		c, LENGTH OF STA	Y IN 1b	c. City OR TOWN (If our Welco	tside corporote limits, w	rrite RURAL and giv	08-1
d. NAI		ta Hospita			Harris	d. STREET ADDRESS Welcome,	Maryland		e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type		SHIR	st LEY	Middle		lost GRAY	4. DATE OF DEATH	Month August	Day Year 15, 19 67
S. SEX F ∈	emale	6. COLOR OR RACE Negro	7. MARRIED [WIDOWED [NEVER MARR		B. DATE OF BIRTH	9. AGE (In lost birth	rears IF UNDER doy) Manths yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10o, USUA during mo	AL OCCUPATION ost of working li	(Give kind of work done fe, even if retired)		D OF BUSINESS OR USTRY		Chaples	or foreign country)	// 12. CI	DUNTRY?
AR	chie	CRAY				14. MOTHER'S MAIDEN N		- MCCK	oNNIE, Md
(Yes, no,	DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dotes of	f service) 16. SC	OCIAL SECURITY NO.	. 17. 1	Mother	ELLA (RAJ Address	,
18.	PART I. DEATH	ATH (Enter only one cou I WAS CAUSED BY: IMMEDIATE CAUSE	0		ery Th	rombosis		1	INTERVAL BETWEEN ONSET AND DEATH
rise	f 7 0 / ditions, if ony, to immediate	couse (o).	(b)					133	
lost.	ng the underl	ying couse	(c)	DEATH DUT NOT D	ELATED TO T	HE TERMINAL DISEASE (ON	DITION CIVEN IN DADT	163	19. WAS AUTOPSY
CATIO							7		PERFORMED? YES NO
	EXTERNAL CAU MARY I or CON SE OF DEATH.	TRIBUTING				Enter nature of injury in f			1 50
MED	Hour o.m. p.m.	Nonth, Doy, Year	While of work		focto	E OF INJURY (Home, form pry, street, office bldg., etc.)		own) (Co	ounty) (Stote)
	1. I certify eath resulte	-	af the remo	_	abave, he], ~ Suici	d an Autapsy X, de, Hamicide	Inspection,	Inquiry, ned manner	and in my apinian
ACTI SIGN	UAL NATURE	long	4.5	7(-		M. D.	CAL EXAMINER		22. DATE SIGNED
NAM	MINER'S AE (Type)	Werner U	X .		METERN CO.		city, town, or county)		/15/67
KEN	CREMATION TOVAL (Specify)	23b DATE THE	67.	St Cal	METERY OR O	w	23d. LOCATION (C)	y or Town) - 25b. REGISTRAR'S S	(County) (Stote)
A TON	exes	J Frence	al H	ene G	Imas	key h PATE AL		Julian	# []

THE RESERVE OF THE PARTY OF THE 7.12.7.7.8 - F1 544 54 I THE WAY BUILDING SEAST LUTERIES Ella Tipul - Hallower Rich Mittee The Char THE PROPERTY OF STREET ASSESSMENTS OF 10 h 1 m west rate and a second and talente

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10933 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, function, Residence before admission) p. COUNTY Poger b COUNTY .20 3 to MARY, AND with the State Department b CTY OR TOWN (If outside corporate 1 mits, c JENGTH OF STAY IN 16 c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) AAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RES DENCE ON A FARM? olong with farm in Item 18. Give Pages YES NO IX 4. DATE DECEASED OF DEATH (Type or print) MARRIED NEVER MARRIED AGE (In years Months event within 72 hours ofter death WIDOWED DIVORCED Office 10b, KIND OF BUS NESS OR 12 CIT ZEN OF WHAT te, even if retired) the Chief Medical Examiner's 13. FATHER'S NAMI 14 MOTHER'S 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. **JNFORMANT** permit. (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH .MMEDIATE CAUSE (o) DUE TO burial any Conditions, fany which gove (b) forwarded to rse to immediate couse (a) = DUE TO stoting the underlying couse 0 removol, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(D) WAS AUTOP PERFORMED? YES 🗔 should be 200 EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING D 20b DESCRIBE HOW NURY OCCURRED (Enter noture of incry in Port L or Port L of item 8) 3 should ö CAUSE OF DEATH cremation, 20c T ME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Not While foctory stiget, off ca bldg etc.) FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apin on funeral director. death resulted fram Suicide Undetermined manner ACTUAL 22. DATE SIGNED DITOL SIGNATURE EXAM NER'S NAME (Type) 100 23d LOCAL ON (City or Town 50 VR A15ME 6M 1767



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) o. COUNTY o. STATE **6 COUNTY** 2, and 3 to PM3. Page CHARLES Maryland CHARLES MARYLAND State Deportment b CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town)
Indian Head c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Indian Head B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Office along with form App. 35 - Riverview Village Apt 35. Riverview Village Give Pages YES NO 24 hours ofter death 3. NAME OF First Middle Lost 4 DATE Month Dov Year DECEASE **EVA** STEPHALE MILES August 13 19 67 DEATH (Type or print) 6 NORTH BAR PACE 9 AGE (In years IF UNDER 1 YEAR SF UNDER 24 HRS SEX 7 MARRIED and 2 with NEVER MARRIED last birthdoy) Months 2 6/6/67 Doys Hours Item 18. death Female WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) IDo USUAL OCCUPAT ON (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY CLINTON. MD. rd "pending" in penal in Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate shauld be executed within PAUL B. MILES JOAN MILES 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no ar unknown) (() yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT within PAUL B. MILES 35 REVERVIEW 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH Interstitial pneumonitis (SDII) IMMEDIATE CAUSE (o) ____ writing the ward DUE TO any Conditions if any, which gove nse to immediate cause (o), .⊆ DUE TO stoting the underlying couse D and and 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) remaval, NO 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL (City or town) 20d MILIRY OCCURRED 20e PLACE OF INJURY (Home form (County) (State) 2Dc TIME OF INJURY Month Day, Year factory, street office bldg, etc.) Not While may be retained far your FUNERAL DIRECTOR: Page ot work of work 21. I certify that I took charge of the remains described above, held an Autonsy. A. Inspection . Inquiry [and in my opinion Notural couses X. Undetermined manner funeral director. deoth resulted from Homicide Accident Suicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER X SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werners U. Spitz, M.D. August 14, 1967 5 may to FUNER Health Address (Street city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY. 23b DATE THEREOF 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION. REMOVAL (Specify) lington National 2SO RECD BY REGISTRAR REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR PENT Ocharles VR A15ME (5) 2500 MICHOLS AVENUE, S. E. 6M 1/67



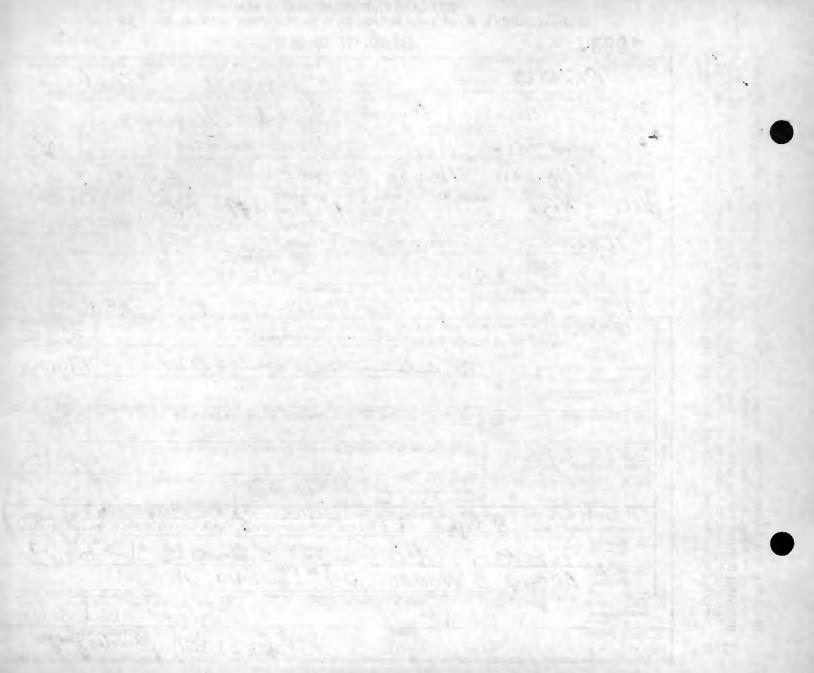
Ś	1	ı		Division of STATIS		MARYLAND STATE DI RCH AND RECORDS, 30			MARYLAND :	21201	
1			1093	5		CERTIFICAT		·		10935	
1	rs after death the base of pages 1 and 2		PLACE OF DEATH o. COUNTY b CITY OR TOWN (I write RURAL and	HARLES If autside carparate imit: give neares town	1	MARYLAND C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	(Where deceased lived, IRC INIA outside carparate limits, HM ON)	b. COUNTY , write RURAL and	give nearest town)	_
	within 24 haurs after lely filled in by the bon papers. Pages 1	1	221	AL OR INSTITUTION (IF no	MOR	ve street address) Middle	d. STREET ADDRESS	PINE 14 DATE	S 7.	e IS RESIDENCE ON A FARM? YES NO	
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	ertificate be executed physician and comple nen please remave con naval, and in any even	dur	USUA. OCCUPATION ing most of working FATHER'S NAME	(Give kind of work done life, even if retired)	10b K3N	ID OF BUSINESS OR BUSINESS OR BUSINESS OR BUSINESS OR	11 BIRTHPLACE (COUP BICH 11	ty & State, or foreign cau		CITIZEN OF WHAT COUNTRY?	_
	he death certifi attending phy permit. Then i ian, ar remava		HEIRON WAS DECEASED EVE	NEMUS R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	14ER OCIA. SECURITY NO. 17 13-03-4139	INFORMANT O	NORA	VASS Address	162	_
	requires that the death certificate be executed physician. I signed by the attending physician and complete burial-transit permit. Then please remave can burial, crematian, ar remaval, and in any event		18. CAUSE OF DE PART I. DEAT 1-201 Conditions, if only,	ATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gove)	(a)	o), (b), and (c).) -OROTVARY	occ	LUSIO	V	INTERVAL BETWEEN ONSET AND DEATH	=
	e law requirenting phison significations and the prior prior to but		rise to immediate stating the under last.	e cause (a), ODE	(c)	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (ONDITION CIVEN IN PA	PT 1/o)	19 WAS AUTOPSY	_
	trician: The law re haspital ar attending certificate has been certificate far use as the right, of Health priar to	CERT FICATION	20a ACCIDENT WAS	DIAS OF DEATH	57E	CRIBE HOW INJURY OCCURRED.	41745			19 WAS AUTOPSY PERFORMED? YES NO	<u></u>
	ATTENDING PHYSICIAN: The stained by the haspital ar affection of the stain of the s	MEDICAL C	(IF EITHER, NOTIFY 20c. TIME OF INJU Haur o.n p.n	MEDICAL EXAMINER) IRY Month, Doy, Yeor n. 19	While at wark	Nat While at work	ACE OF INJURY (Home, far tary, street, affice bldg., et	c)		(County) (Stote)	_
•	2 >			fy that (I) (this has eceased alive an_	pital) attend		ATTENDING	-	causes and a	n the date stated aba DATE SIGNED	
	O HOSPITAL OR Page 4 may be n O FUNERAL DIRE director, page 3 shauld be filed w		22c. PHYSICIAN'S NAME (Type)	OFINI		wow mi	D. PHYS. 22d. ADDRESS	DIRECTOR PI	PLATA	, md,	
	TO HOSPITAL Page 4 may Page 4 may TO FUNERAL director, pag should be fit	L	BURIAL, CREMATIC REMOVAL (Specify SCARE) FUNERAL DIRECTO	2	REOF	23c. NAME OF CEMETERY OR ## OLLY V	NOUD 250. REG	C'D BY REGISTRAR	City or Town) 25b REGISTRAR	(County) (Staye)	
	20 M 1/66		- 1/K. /	1/2 5/11/1	1 1%-	1-1WII Vr.	C/ DATA!	G 3 1 1967	1 xua	The Marie of the	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10936 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY attending physician and campletely Turey ... - Pages 1 , normit. Then please remaye capoan papers. Pages 1 , MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after c LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corparate limits waite RURAL and give nearest town d. STREET ADDRESS d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO 4. DATE Month Year 3 NAME OF First Lost DECEASED DEATH (Type or print) O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached for use as the burial-transit permit. Then please remave can should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event IF UNDER 24 HRS. DATE OF BIRTH AGE (In years U IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED S SEX NEVER MARRIED erthday). Months Haurs Days WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (County & State, or-foreign country) INDUSTRY during most of working life, even if retired COUNTRY? UCKING FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (g) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg., etc.) Not While at work at work 19 2]. I certify that (I) (this haspital) aftended the deceased fram 1967, and that death accurred at 610PM, fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR TREMATORY LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION 23b. DATE THEREOF 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR FUNERAL DIRECTOR MAUG 196/



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10937 10937 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) HARLES o. COUNTY o. STATE b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. EHY OR TOWN (If outside carpgrate limits, physician and camplately filled in by the haurs pan papers. IS RESIDENCE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET **ADDRESS** YES NO NAME OF Middle 4. DATE Year QF DECEASED HOMAS DEATH (Type or print to IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ev Months Hours Days WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BtRTHPLACE (County & State, or foreign country) during mast of working life even if retired) -INDUSTRY COUNTRY? MOZHER'S MAIDEN NAME 13. FATHER'S NAME attending phys remova 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, not or unknown) (If yes give wor or dates of service) ŏ crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by 1 DUE TO raidis vascular distant. burial Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION USB Health YES [NO be retained by the haspital or for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Jo. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work 195 7 ta 1962 (that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. shauld ith the I, and that death accurred at 1310 M, from causes and an the date stated above. 196 saw the deceased alive an 22a SIGNATURE DATE SIGNED PHYS. DIRECTOR M.D. PHYSICIAN 22d. ADDRESS & NAME (Type) director, should b NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) ARYS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



Z.			Division of STATE		MARYLAND STATE D ARCH AND RECORDS, 3		IEALTH EET, BALTIMORE, MARYI	LAND 21201			
FOR STATE		1093	8	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	109	338		
HEALT IN DEPT		i. PLACE OF DEAT	H		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) Maryland Charle's OUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Malcolm Md					
If any delay is 1, 2, and 3 to rm PM3. Pose Department of the contract of the		b. CITY OR TOW write RURAL Ma	N (If outside corporate lime and give nearest town)	íts,	2-Years						
Poges 1, 2, 2, 2, 1, 2,	00	d. NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospitol,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO X		
r deoth		3. NAME OF DECEASED (Type or print)	James Mic	hial W		Last	OF DEATH 8-22-6	th Do	oy Year		
INER: This certificate should be executed within 24 hours after death. If a should be farworded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transil permit. File pages I and 2 with the State Death origin to burial, cremation, or removal and in any event within 7 hours.	¢	S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED		7-16-1957	9. AGE (In years lost birthday) 10 yrs.	Months Doys	Hours Min.		
thin 24 hours encil in Item 18 miner's Office of pages I and 2 vin any event		during most of work	ION (Give kind of work don ing life, even if retired)		IND OF BUSINESS OR NDUSTRY	Brahdywi	ne Md	USAUNTRY			
J within n pencil Exomine File page		13. FATHER'S NAME Howa	rd B.Will	S		14. MOTHER'S MAIDEN Agnes	NAME Savoy				
executed and in Medical Experimit. Fire movel on an analysis and an analysis		15. WAS DECEASED (Yes, no. or unknow NP	EVER IN U.S. ARMED FORCES n) (If yes give wor or dotes	? of service) 16.	social security No. 17.	INFORMANT HOW Father-Jam	ard B.Will's	n Md			
This certificate should be executed within cote, writing the word "pending" in pencil be farworded to the Chief Medical Examine be used as a burial-transit permit. File page to burial, tremation, or removal and in a		1B. CAUSE OF PART I. C	DEATH (Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUS		(o), (b), ond (c).) tusions Mul	tiple Extr	eme	T ^c	NTERVAL BETWEEN ENSET AND DEATH INNE diate		
ote should be eg the word "pered to the Chief I of the Chief I o burial-transit			ny, which gove) into couse (a),	E TO	ght Under a	_					
ficate in the right for the ri		stoting the un last.	derlying couse	E TO (c)							
his certifico ote, writing e farworded be used os	2	PART II. OTHER	significant conditions ught benea	contributing ath a	tractorthat	overturne	ndition given in Part 1(0)	10	9. WAS AUTOPSY PERFORMED? YES NO		
MINER: This the certificate, 4 should be far ifiles.	0	CALISE OF DEAT	CONTRIBUTING	20b. DE	actor Overt	O. (Enter nature of injury in urned					
UTY MEDICAL EXAMINER: Tipry, please execute the certificater of director. Page 4 should by be retained for your files. RAL DIRECTOR: Page 3 should for its designated agent, aright.	08	20c. TIME OF HOUR 4-PM	NJURY Month, Doy, Year o.m. 8-22-679	20d. II While	NJURY OCCURRED 20e. P Not While Str	LACE OF INJURY (Home, for property street, office bldg., etc	m, 20f. (City or town) Malcolm M	d (County)	(Stote)		
AL EXA execute or. Page of for your TOR: Pognanated and a for grant of the contraction of		21. I cer	tify that I took charg	ge of the rer	noins described obove, l	neld on Autopsy, ricide Homicide		-	nd in my opinion		
MEDICAL pleose exected director. Pretained for DIRECTOR.		ACTUAL SIGNATURE	1 8		P an + -	CHIEF MEDICAL			22. DATE SIGNED		
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	2	L-to-State of State o	James E.An	drews	MD	DEPUTY MEDIC		8-22	•		
TO DEPL necesso the fun 5 may TO FUNE Health	A	230. BURNAL, CREMA	ATION 23b DATE T		23c NAME OF CEMETERY O	R CREMATORY Chusch Com	23d. LOCATION (City or To	Charl	(Stote)		
VR A15ME (5	lis	24. FLINERAL DIRE	Toll add	ems	ADDRESS PAULASCI.	Md. 250. REC	G 2 9 1967	GISTRAR'S SIGNAT	Judge.		

